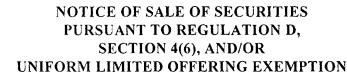
## FORM D

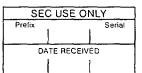
02063787

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D



OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	ge burden
hours per respor	nse16.00



Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section Type of Filing: Amendment	n 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	AECEIVED CO
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
1915 Westheimer, L.P.	C TOTE T T 2000
Address of Executive Offices (Number and Street, City, State, Zip Co	
4309 Yoakum, Suite 3000, Houston, Texas 77006m	713-524-5666
Address of Principal Business Operations (Number and Street, City, State. Zip C (if different from Executive Offices) 1915 Westheimer, Houston, Texas 77098	7.2 1//
Brief Description of Business	
Restaurant Type of Business Organization	PROCESSE
corporation imited partnership, already formed ot business trust imited partnership, to be formed	ther (please specify):  DEC 1 9 2002
Actual or Estimated Date of Incorporation or Organization:    Month   Year	Estimated THOMSON FINANCIAL

#### GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BASIC IDE	NTIFICATION DATA		
• Each beneficial owner	issuer, if the iss having the pow r and director of	uer has been organized wi er to vote or dispose, or dir corporate issuers and of	•		of a class of equity securities of the issu f partnership issuers; and
Check Box(es) that Apply:	X Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Idrees, Gower Full Name (Last name first, if in	ndividual)				
4309 Yoakum, Suite Business or Residence Address					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	XX General and/or Managing Partner
1915 Westheimer, L. Full Name (Last name first, if in					
4309 Yoakum, Suite Business or Residence Address					
Check Box(es) that Apply: [ Idrees, Gower	Promoter	Beneficial Owner	Executive Officer	Director	XX General and/or Managing Partner
Full Name (Last name first, if ir 4309 Yoakum, Suite Business or Residence Address	3000, Ho				
Check Box(es) that Apply: [ Idrêes, Gower	Promoter	XX Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in 4309 Yoakum, Suite Business or Residence Address	3000, Ho				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if it	idividual)				
Business or Residence Address	(Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if it	ndividual)			,	
Business or Residence Address	(Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply: [	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	ndivi <b>d</b> ual)				
Business or Residence Address	(Number and	Street, City, State, Zip Co	de)		

					B. *17	NFORMAT	ION ABOU	T OFFERI	NG				
,	Heatha	Liginar and	4441			11 to man a	aanaditad i		Al-1 CC	:n		Yes	No
ł.	mas inc	issuer son	d, or does th			n, to non-a Appendix				-		X	
2.	What is	the minim	num investn									s 30	,000
۷.	Wildt 13	the mining	ium mvesm	icire titat w	THE DC accc	pica nom a	my marvio	uar				Yes	No
3.	Does th	e offering	permit join	t ownershi	p of a sing	le unit?						Ä	
4.											irectly, any		
											he offering. with a state		
	or states	s, list the na	ame of the b	roker or de	ealer. If mo	ore than five	e (5) persoi	is to be list	ed are asso		ons of such		
Ful			, you may s first, if ind			on for that	broker or		···	<u> </u>			
1 01	i ivanic (i	Last name	mst, n tau	•	None								
Bus	siness or	Residence	Address (N	lumber and	Street, Ci	ity, State, Z	(ip Code)				·		
Nar	ne of Ass	sociated Bi	roker or De	aler									
Sta			Listed Ha										
	(Check	"All State:	s" or check	individual	States)			••••••				☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	H	ID
		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	N) TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
										ربي			
Ful	l Name (	Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address ()	Number an	d Street, C	Sity, State, 2	Zip Code)						
			·		·								
Nar	ne of Ass	sociated B	roker or De	aler									
Stat	tes in Wh	ich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	individual	States)	***************************************				• • • • • • • • • • • • • • • • • • • •		☐ Al	l States
		[AV]	[47]	[AB]	[CA]	الآصا	[CT]	चित्र	DC	(E)	[GA]		LLV)
	AL IL	AK IN	AZ IA	AR KS	CA KY	CO LA	CT ME	DE MD	MA	EL MI	GA MN	III MS	ID MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	<u>OK</u>	OR	PA
	RI	SC	SD	TN	TX	UT)	VT	VA	WA	WV	WI	WY	PR
Ful	I Name (	Last name	first. if ind	ividual)	·				<del></del>			<del></del>	
		Dagidana	Address (I	Mumahan an	4 Street C	Utu Ctata	7in Code)						
Dus		Residence	e Address (1	Nuiliber an	u saeci, C	ity, State, i	Lip Code)						
Nar	ne of Ass	sociated B	roker or De	aler	<del></del>				<del></del>		· · · · · · · · · · · · · · · · · · ·	<del></del>	
Stat	tes in Wh	nich Persor	ı Listed Ha	s Solicited	or Intends	to Solicit	Purchasers			•			
	(Check	"All State:	s" or check	individual	States)						,	☐ Al	l States
	AL	[AK]	ΑŽ	AR	CA	CO	<u>C</u> T	DE	[DC]	FL	GĀ		ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NII	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	$\nabla T$	VA	WA	WV	WI	$\overline{WY}$	PR

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt \_\_\_\_\_\_\_\$\_\_\$ Common Preferred Convertible Securities (including warrants) Other (Specify Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount of Purchases Investors 2 s 230,000 Accredited Investors Non-accredited Investors \_\_\_\_\_\_ Total (for filings under Rule 504 only) \$ 230,000 Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. Type of Dollar Amount Type of Offering Security Sold Rule 505 ..... Regulation A ..... Rule 504 ..... Total .....\_\_\_\_ a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees..... \$ 10,000 0\_\_ Accounting Fees

......

\$\_\_\_\_

\_\_0\_\_\_

\$ 10,000

Engineering Fees

Sales Commissions (specify finders' fees separately).....

Total

Other Expenses (identify)

		C. OFFERING PRICE, NUM	BER OF INVES	TORS, EXPEN	SES AND USE OF	PROCEEDS	- 2년 - <b>전설</b> - 3년
a	ind total expense	ifference between the aggregate offees furnished in response to Part C — ssuer."	Question 4.a. T	his difference is	the "adjusted gros	s	\$ <u>390,000</u>
c	ach of the purp theck the box to	the amount of the adjusted gross proposes shown. If the amount for an other left of the estimate. The total of issuer set forth in response to Par	ny purpose is no fthe payments l	ot known, furni isted must equa	sh an estimate and	d	
						Payments to Officers, Directors, & Affiliates	Payments to Others
		es				_	<del></del>
		l estate				<b>S</b>	_ [] \$
F a	ourchase, rentaind equipment.	l or leasing and installation of ma	chinery		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DX \$90.000	П\$
		leasing of plant buildings and fac					•
A	Acquisition of of offering that ma	other businesses (including the va ny be used in exchange for the ass to a merger)	lue of securities ets or securities	involved in th	is	_	
		ndebtedness				_	_
		1				-	
C	Other (specify)	);					\$
_						\$	\$
C	Column Totals.						. 🗆 \$
Т	Total Payments	Listed (column totals added)		••••••	••••••	X \$_3	390,000
			D. FEDER	AL SIGNATUI	<b>RE</b>		
signat	ture constitutes	aused this notice to be signed by the an undertaking by the issuer to fu ished by the issuer to any non-acc	rnish to the U.S	Securities and	Exchange Commi	ssion, upon writte	ale 505, the following en request of its staff.
Issuer	(Print or Type	÷)	Signature	7	1/1	Date	
		er, L.P.		1 11		12-11-0	2
Name	of Signer (Pri	nt or Type)	Title of Signe	(Print or Typ	e)		<del></del>
1	r Idrees		Manager.	1915 West	heimer Man	agement. L.	L.CGeneral

## ATTENTION -

	CFR 230.262 presently subject to any of the disqualification	Yes No 
	See Appendix, Column 5, for state response.	
	by undertakes to furnish to any state administrator of any state in which this r times as required by state law.	notice is filed a notice on Form
3. The undersigned issuer hereb issuer to offerees.	by undertakes to furnish to the state administrators, upon written request,	information furnished by the
	esents that the issuer is familiar with the conditions that must be satisfied	
e	(ULOE) of the state in which this notice is filed and understands that the is rden of establishing that these conditions have been satisfied.	ssuer cramming the availability
of this exemption has the burn	rden of establishing that these conditions have been satisfied.	
of this exemption has the burd The issuer has read this notification and	· · · · · · · · · · · · · · · · · · ·	
of this exemption has the burd The issuer has read this notification and duly authorized person.	rden of establishing that these conditions have been satisfied.	
of this exemption has the burd The issuer has read this notification and duly authorized person. Issuer (Print or Type)	rden of establishing that these conditions have been satisfied.  d knows the contents to be true and has duly caused this notice to be signed or  Signature  Date	
of this exemption has the burn	rden of establishing that these conditions have been satisfied.  d knows the contents to be true and has duly caused this notice to be signed or  Signature  Date	n its behalf by the undersigned

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.